

**COVER SHEET**  
**ALABAMA DEPARTMENT OF REHABILITATION SERVICES**  
**REQUEST FOR PROPOSAL**  
**AMERICAN RECOVERY AND REINVESTMENT ACT FUNDS (ARRA)**

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Contact Person Name & Title: \_\_\_\_\_

Contact E-mail: \_\_\_\_\_

Contact Person Telephone No.: \_\_\_\_\_

Total Funds Requested:     \$\_\_\_\_\_

**CERTIFICATION**

The information contained in this proposal fairly represents the plans and budget necessary to conduct the project activities described. I acknowledge that I have read and understand the requirements of the Request for Proposal and that the organization is prepared to implement the proposed activities described. I certify I am authorized to sign this proposal on behalf of the organization submitting this proposal.

Proposer's Signature: \_\_\_\_\_

Typed Name of Proposer: \_\_\_\_\_

Proposer Title: \_\_\_\_\_

Date: \_\_\_\_\_